

# Pharmaceutical Inventory Compliance Checklist Template

 Show only Checklist

Display Style  
Default 

## Receiving & Verification

Ensuring accurate receipt and validation of incoming pharmaceutical inventory.

### Receiving Date

Enter date...

### Purchase Order Number

Enter a number...



### Condition of Delivery (Packaging)

- Excellent
- Good
- Damaged
- Compromised

### Quantity Received (Matches PO)

Enter a number...

### Quantity Discrepancy (If Any)

Enter a number...

### Reason for Discrepancy (If Applicable)

- Shortage
- Overage
- Damage
- Incorrect Item

### Notes on Receiving (e.g., temperature upon arrival)

Write something...

### Attach Packing Slip/Delivery Note

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# Storage Conditions

Verification of appropriate temperature, humidity, and security protocols.

## Temperature (Refrigerator)

## Temperature (Freezer)

## Relative Humidity (%)

## Lighting Conditions

- Adequate
- Insufficient
- Not Applicable

## Ventilation

- Adequate
- Insufficient
- Not Applicable

### Observations / Comments on Storage Conditions

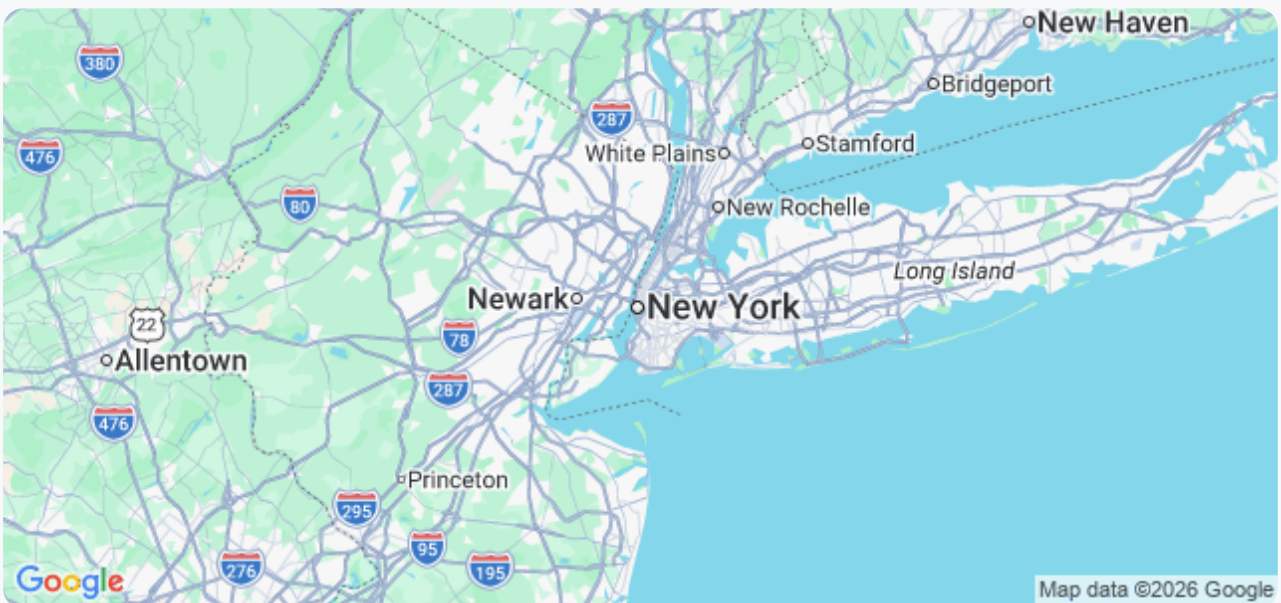
Write something...

### Date of Inspection

Enter date...

### Specific Storage Location Inspected

 [Set My Current Location](#)



## Expiration Date Management

Tracking and controlling inventory nearing expiration dates (FEFO/FIFO).

### Date of Expiration Date Review

Enter date...

### Number of Items Expiring within 30 Days

Enter a number...

### Expiration Date Rotation Method Used (FEFO/FIFO)

FEFO (First Expire, First Out)

FIFO (First In, First Out)

### Date of Next Expiration Date Review

Enter date...

### Quantity of Expired Items Found

Enter a number...

### Notes on Expiration Date Management Issues/Actions

Write something...

## Controlled Substance Handling

Compliance with DEA regulations for controlled substances.

### Controlled Substance Inventory Count (Quantity)

Enter a number...

**Controlled Substance Log Review – Complete/Incomplete**

- Complete
- Incomplete

**Last Physical Inventory Date**

Enter date...

**Time of Last Physical Inventory**

Enter time...

**Secure Storage Container Integrity (Intact/Compromised)**

- Intact
- Compromised

**DEA Registration Number Verification**

Write something...

**Description of any discrepancies or unusual events**

Write something...

# Inventory Records & Documentation

Accuracy and completeness of records, including batch numbers, lot numbers, and quantities.

**Batch/Lot Number**

Enter a number...

**Quantity Received**

Enter a number...

**Quantity on Hand (Before Adjustment)**

Enter a number...

**Quantity on Hand (After Adjustment)**

Enter a number...

**Date of Receipt**

Enter date...

### Unit of Measure

- Each
- Box
- Case
- Bottle

### Remarks/Notes (Discrepancies, Damage, etc.)

Write something...

### Supporting Documentation (e.g., Receiving Report)

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## Dispensing & Distribution

Verification of correct dosage, medication, and patient records during dispensing.

### Dispensed Quantity

Enter a number...

**Medication Name**

Write something...

**Dosage Form (e.g., Tablet, Capsule)**

Write something...

**Patient Identifier (MRN/Account #)**

Write something...

**Dispensing Date**

Enter date...

**Dispensing Time**

Enter time...

**Prescriber Verification Status**

- Verified
- Not Verified

**Dispensing Notes/Comments**

Write something...

# Temperature Monitoring & Log Review

Reviewing and validating temperature logs for refrigeration and freezer units.

## Log Review Date

## Refrigerator Temperature (High)

## Refrigerator Temperature (Low)

## Freezer Temperature (High)

## Freezer Temperature (Low)

### Time of Temperature Reading

### Temperature Deviation?

 Yes No

### Notes/Corrective Actions (if deviation)

### Attach Temperature Log Image (optional)

## Security & Access Control

Assessment of security measures to prevent theft or unauthorized access.

### Access Control System Type

 Keycard Biometric PIN Code Combination

### Number of Authorized Personnel

Enter a number...

### Access Points Secured

- Front Entrance
- Rear Entrance
- Loading Dock
- Storage Room
- Office Area

### Last Security System Audit Date

Enter date...

### Alarm System Status

- Active
- Inactive
- Under Repair

### Emergency Contact Person

Write something...

# Recall Procedures

Confirmation of established recall procedures and contact information.

## Recall Procedure Overview

Write something...

## Last Recall Date (YYYYMMDD)

Enter a number...

## Primary Contact Person for Recall

- Pharmacist
- Inventory Manager
- Designated Recall Coordinator

## Primary Contact Phone Number

Write something...

### Primary Contact Email Address

Write something...

### Steps Taken During Last Recall (Check all that apply)

- Notification of Regulatory Bodies
- Product Hold
- Patient Notification
- Product Return to Supplier
- Inventory Traceback

### Copy of Last Recall Notification

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## Training Records

Verification of employee training on pharmaceutical handling and compliance.

### Training Date

Enter date...

### Training Type

- New Hire Orientation
- Annual Compliance Refresher
- Specific Procedure Training (e.g., Controlled Substances)

### Training Content Summary

Write something...

### Training Duration (minutes)

Enter a number...

### Trainer Name

### Training Certificate/Proof of Completion

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